	ı	NOT	E AND SEC	HDITY AC	, DE	CMCAIT			1790	< AMER		
ACCOUNT NUM		YPE	DATE FINAN			GINS TO ACCRUE					BENERAL	
7511142		E	IF DIFFEREN		_				<u> </u>	1 P.	INANCE	
JOE T SMI 25350 HWY	TH 80 EAST				AM 27	YEE (LENDER) ERICAN GENER 23 EASTERN I NTGOMERY, AI	BYP		INC.			
Date of Note	First Payment Due Date	Ot Di	her Payments ie on Same	Final Paym Due Date		Amount of First Payment		of Balloon ment	I .	int of Monthly Payment	Total Number of Payments	Term of Loan in Months
08/14/01	09/15/01	4	ite of Each onth.	08/15/		\$ 91.01		Е	\$	90.00	24	24
3.s 97.20 4.\$NONE 5.\$NONE	Premium to Life In Premium to Life In Premium to Disab Premium to Prope Paid to Public Offi Paid to Public Offi	isurano ility Ins irty Ins cials fo	ce Co. (Joint Cove ce Co. (Single Coverance Co. urance Co. NON or Certificate of Till	rage) 'erage) IE 1 nt of Coverage e Fees 1	7. Á _l 8. Tí 9. Tá 10. Al 11. Al	DUNT FINANCI ppraiser for Appraisal F tle Exam Fee/Title Insu axes Paid to Gov't. Age bstract Fee ttorney Fee aid on Prior Account w	ee\$ urance\$ ency\$ \$\$	NONE NONE NONE	PA	AID TO		
15.\$ 495.19	Amount Financed	es (Sum HAR	of lines 1 thru 13)	A.\$_ B.\$] C.\$]	NON	mount Paid to you or o shaff itemized below = 20.74 % Agreed 90.00 Prepaid Fi Interest S Prepaid F Prepaid F Prepaid F Mortoace	Rate of Char inance Char urcharge inance Char inance Char Recording	543. ge (Points) ge (Points)	.58 s	2001	ТО	
	% ANNUAL Total of Payments		RCENTAGE	E.\$		E Prepaid F (Paid to 405.19 Interest	INANCE CH	AMORIC AMORIC	3	eneral Final MERY, AL	nce	
PARTIES:		e Bo			igne	755.82 Principal A (14+15A d this Note and S e entire obligation	Security A	Agreemen	t ("Agr			
PROMISE TO PAY:	Finance Char on the unpak scheduled int schedule, an	ges d bala erest d gre	which includes ances at the A is to be repa ater if you ma	s Interest S Agreed Rate id in month ake payme	urch e of nly in ents l	ipal Amount of Li arge, Points, Brol Charge set forth, installments. The later than schedu or or delay your ol	kers Fee The tota Finance iled. You	and Mortg al of the o Charge wi I may pre	gage R riginal ill be le pay th	lecording Tax Principal Arr ess if you ma is loan in fui	k) together w nount of Loan ake payments Il or in part a	ith interes and sucl ahead c
TIME OF REPAYMENT:						ment Due Date in the Final Paymer			lowing	payments st	nall be due or	the same
INTEREST SURCHARGE:	An interest su full by any m except that in	ırcha eans suct	rge of 6% of th within 90 day n event, we ca	ne first \$2,0 s of the da n retain an	te of	of the Amount Fin- your loan, you w bunt of no less that nade except as st	anced ma vill receive an \$25. A	ay be char e a pro rat fter 90 da	ta refur ys, the	nd or credit o	of the interest	surcharg
LATE CHARGE: REQUIRED	If any payme not more than	nt is : 1 \$10	more than 10 00.00.	days late, y	ou v	will pay 5% of the	unpaid a	mount of t	the pay			
INSURANCE:	than househo obtain the re- you provide u interests in you pay any clain insurance pu agreement. I and any othe cancellation	old go quired us with our conthat the irchat if we er ch or ex	oods) and named insurance from the evidence of collateral. This to you make or sed by us, but purchase insurances we may represent of the collateral.	ne us as lost of the required insurance any claim to tonly after rance for the impose to insurance to insurance to insurance to the insurance	es parent of the control of the cont	ave. You agree or insurer of your surance coverage, but need not, pr is made against y viding us with evollateral, you will be onnection with the costs of the ir more than the cos	to mainta choice, o e, we ma otect you ou in con idence the respon- e placem nsurance	ain such in r you may y purchas in interests nection win at you ha sible for the may be a	surand use insured that ith the ave obtained insurand	ce for the ten any existing rance at your coverage the collateral. Y tained insurate to of that insurance, until to to your total	m of the loan. policy you ow r expense to pat we purchas ou may later of ance as requiverance, including the effective of outstanding	You may not be may not cancel an red by outing interestate of the balance of
CREDIT INSURANCE:	If you volunt authorize us You understa extension of	arily to inc and to credi	request credit clude it in the b hat credit insu t, and that you	: life or dis valance pay rance is no may obtain	abilit /able ot re n su	ty insurance, you e under the note a quired in connect ch insurance, if yo a) your choice to	acknowled acknowled acknowledge acknowledg	ledge disc ity agreem this loan a , from any	closure ent. and wa perso	e of the cost as not a facto n you choose	of such insu or in the appr e. If you have	oval of the

NOTE: This Agreement contains multiple pages that include important information about your loan.

BY SIGNING BELOW, YOU HAVE READ, UNDERSTAND AND AGREE TO THE TERMS AND CONDITIONS IN THIS DOCUMENT, INCLUDING THE ARBITRATION PROVISIONS THAT PROVIDE, AMONG OTHER THINGS, THAT EITHER YOU OR LENDER MAY REQUIRE THAT CERTAIN DISPUTES BETWEEN YOU AND LENDER BE SUBMITTED TO BINDING ARBITRATION. IF YOU OR LENDER ELECTS TO USE ARBITRATION, BOTH YOU AND LENDER WILL HAVE WAIVED YOUR AND LENDER'S RIGHT TO A TRIAL BY A JURY OR JUDGE, THE DISPUTE WILL BE DECIDED BY AN ARBITRATOR AND THE DECISION OF THE ARBITRATOR WILL BE FINAL ARBITRATION WILL BE CONDUCTED PURSUANT TO THE RULES OF THE NATIONAL ARBITRATION FORUM.

insurance is included within the Amount Financed and is shown on the Itemization of Amount Financed.

separately signed Federal Disclosure Statement, a copy of which has been given to you and (b) the cost of such credit

You acknowledge receipt of a completely filled in copy of this Agreement and the Federal Disclosure Statement on a separate COPY RECEIVED:

Page 1 of 3

JIMPORTANT THAT YOU THOROUGHLY READ THE CONTRACT BEFORE YOU SIGN IT. CAUTION:

Signature of Principal Borrowe

Signature of Other Borrower

ACCOUNT NUM	MBER		FE	DERAL D	ISCLOS	URE STAT	EMENT .		RICAN GENERAI FINANCE	L
7511142	•							,	LINANCE	
ļ) NAME AND ADD	RESS			LICENS	ED OFFICE: (I ENDER\			
1	,						RAL FINANCE,	TNC.		
JOE T SMI	TH				1	EASTERN	•			
25350 HWY					MONTG	OMERY, A	L 36117-1594			
UNION SPR	INGS, AL 36	089			Ì					
Date of Loan	T Start Downson	0#		G- 1D-			Amount of	Amount of	T-4-184	J T 4
Date of Loan	First Payment Due Date	Due on	ayments Same	Final Paym Due Date		ount of First ayment	Balloon	Monthly	Total Number of Payments	Term of Loan in
	1	Date of		ļ	- 1	•	Payment	Payment	\	Months
08/14/01	09/15/01	Month		08/15/0	3 \$	91.01	\$NONE	\$ 90.00	24	24
ANNUAL PE	ERCENTAGE I	RATE	FINA	NCE CHA	RGE	AMOUN	IT FINANCED	TOTAL OF	PAYMENTS	
The cost of you	r credit as a yearly	rate		lar amount ti	he	The amor	unt of credit provided	The amount yo	ou will have paid	after you
£ .	24.22		1	rill cost you		1	on your behalf		payments as so	nequied
Í	26.29	%	\$	495.19	,	\$	1665.82	\$ 2161	.01	
LATE CHARG	E: If any payme	nt is more	than 10	days late	vou will i	nav 5% of th	e unpaid amount o	of the payment	but not less th	an \$10.00
and not more t	han \$100.00.		5 41C// /C	dayo lato,	, ou	ouy 070 01 11	·			ш. ф.о.о.
	T: If you pay off 'ou are giving a s				a penalt	<i>y.</i>	BY 1	RENEWA	3	
The god	ods or property b	eing purc	hased.		Motor	Vehicle	NO	V 2 3 2001		
X Other	1 38" S	ONY TV	1 25	" RCA TV	1 90	NY VCR	140	V Z J 2001		
[2] 0[10]	1 30 0	0111 11,	, 1 23	NCA IV	, 1 30	MI VCK.	America	n General Fir	ance	
								NTGOMERY, AL		
You are	giving a securit	y interest	in your F	leal Estate l	located a	t				
	•									
The pre	evious Mortgage/	Deed of T	rust is b	eing retaine	ed as sec	urity on your	loan.			
ASSIMPTION	l: Samaana huui	na vour h	allaa maa		aa tha rar	aniador of th	a Martenna an tha	. original tarms		
		-					e Mortgage on the	-		
							otain a loan and w			
							affiliates anticipate n period applies, th			
	e day rescission		ou scied	C DOCK WISO	141100. II	a 1630133101	i periou applies, ii	note is no crean	. me madiance	, coverag
Туре		· 		Pren	nium	Signature(s)				
}			· e -	+					1:50 000	
	creasing Cr e Credit Di					rwant s credit d	ingle decrea: isability in:	sing credit súrance.	, life and	Singre
3			-,		1		100	mAll		
					}	Signature(s):	700	mou.	First Named	Borrower
				. 1	26.85		<u> </u>			
Vbb-	416 . 41 . 4							, 	Second Named	Borrower
You nereby	certify that y	ou are e	mpioye	at least	30 noui	s per weel	"Shar S	nith		- 60 - 1.00
L	CB	EDIT I IE	EAND	OD DICAL	DII ITV I	NOUDANG	E CANCELLATI	ON OPTION	Insured-Single	e Disability
Date of Loan certificate rece	AND/OR DISAB set forth above, eived in connect If for this coverage	ILITY CAI cancel th ion with t ge will be	NCELLA e credit l his loan made. Y	TION: If you ife and/or of to the offic- ou may als	u desire i disability e where o cancel	to do so, you insurance co the loan was such policy	may, without pen- overage by returning s made. Upon ca after 30 days, how	alty or obligationing the credit life incellation, a full rever, you will or	and disability I rebate of the	insuranc insuranc
You are requir	ed to maintain p						is loan other than		ls. You may c	btain suc
	anyone you wa								•	
							o secure this loan			
have when de secures your	ciding to purcha loan other than	se insura a motor v	nce with ehicle, y	this loan. I ou will have	f you pur e 30 day:	chase prope from the d	homeowner's or try insurance throu ate of purchase to cancellation occur	ugh us which co cancel the insi	overs the colla urance and re	iteral whic ceive a fu
loan. To canc	el you must retu	m your po	licy/certit	ficate or ma	ke a writt	en request to	this office.			
	roperty insuranc			us which co IE	overs the . You als	collateral wi o understan	hich secures your d that we and/or o	loan other than ur insurance affi	a motor vehici liates anticipat	le, it will b te a benef
and/or a profit	from your purcha	ase of ins	urance.			You want	property insurance	e		
	1						. , ,		,	O1 b
	\!	(Signature
	\mathcal{O}_{I}		_						{	Signature
See the contr	achiquements for	or any ad	Ø tional ir	nformation a	about nor	n-payment, d	lefault, any require	ed repayment in	full before the	schedule
date, and prep	ayment refunds			īv.			copy of this Feder			
	· /	/			i ou nave	, received a	copy or and reden	ai Discitostite Ok	, ,	/ /
		-			\mathcal{O}	L10 2	San Ith		8/	4/01
					//	Fi	rst Named Borrower		—— ——	Date
					V	,,				
						Second Na	amed Borrower (if Ap	oplicable)		Date

INSURANCE DISCLOSURE SUMMARY

AMERICAN GENERAL FINANCE

Borrower Name: JOE T SMITH				
Borrower Address (Street, City,	State, Zip):25350 HWY 8	O EAST UNION	SPRINGS, AL	36089
Branch Number: 1715	Loan Number: 7.	511142 Date:	08/14/01	

I WANT TO PURCHASE THE INSURANCE NOTED BELOW AND HAVE THE INSURANCE PREMIUM FINANCED AS PART OF MY LOAN. I FULLY UNDERSTAND THAT I DO NOT HAVE TO PURCHASE ANY OF THE FOLLOWING INSURANCE TO GET MY LOAN.

INSURANCE PRODUCT	INSURED(S)	PREMIUM
Credit Life	JOE T SMITH	\$ 29.65
Credit Disability	JOE T SMITH	\$ 97.20
Credit Personal Property		\$ NONE
		\$
		\$
		\$
		\$
		\$
		\$
		\$

I understand that if I later decide that I do not want any or all of the insurance, I can cancel coverage by returning the certificate/policy to the office where the loan was made and request a refund of any unearned premium.

Please read your policy/certificate for applicable benefits, restrictions and limitations.

INSURANCE SALESPERSON:		()
- Pat Pates	BORROWER:	Jac Smith
(Signature)		(Signature)
47/0/5	CO-BORROWER:	V
(License Number)		(Signature)

Insurance Salesperson must sign in the presence of the Borrower and must personally explain the insurance coverage to the Borrower.

Policy Services - Insurance Operations American General Finance, Inc. 601 NW 2nd Street, P.O. Box 159 Evansville, IN 47701-0159

Telephone: 1-800-325-2147 Telefax: (800) 350-9306

	· N	IOTE AND S	ECURITY A	GRF	EMENT				AMERI	ICAN ENERAL	
ACCOUNT NUM	IBER TY	PE DATE FIL	ANCE CHARG	E BE	GINS TO ACCRUE]		1 172	NAME OF	
7511142 BORROWER(S)	NAME AND ADD		RENT FROM D		OF NOTE YEE (LENDER)		L		Amencan	Organica Organica	
1					ERICAN GÉNEF	RAL	FINANCE,	INC	· 2723	Eastaro Byr	009S
JOE T SMI				1	23 EASTERN F				Montgomen	1. AL SET	17-159 4
PO BOX 40		6000		MC	ONTGOMERY, AL	. 36	117-1594		(Phone: 3	24 - 273-	(011) (027)
Date of Note	RINGS, AL 30 First Payment	Other Paymer	ts Final Pay		Amount of First	Amo	ount of Balloon	Ame	unt of Monthly	34 - 244-2 Total Number	
	Due Date	Due on Same Date of Each	Due Da	te	Payment		Payment		Payment	of Payments	Loan in Months
11/23/01	01/05/02	Month.	12/05		\$ 102.13		NONE	\$	90.00	24	24
1.\$NONE	Premium to Life Inst				OUNT FINANCE ppraiser for Appraisal F		snone	F	PAID TO		
	Premium to Life Insi	urance Co. (Single	Coverage)		itle Exam Fee/Title Insu			F	PAID TO		
3.\$ 97.20 4.\$NONE	Premium to Disabilit Premium to Propert	ty Insurance Co.\$	IONE	10. A	axes Paid to Gov't. Age bstract Fee	ency	\$ <u>NONE</u> \$NONE		PAID TO		
5.\$ NONE	Paid to Public Officia	ials for Certificate	mount of Coverage Title Fees	11. A	ttorney Fee		\$NONE		PAID TO		
6.\$NONE	Paid to Public Officing and Releasing Fees	lals for Recording s		12. P	'aid on Prior Account wi mount Paid to you or or ehalf itemized below =	ith Len n your	der \$ 1483	.13	_		
				D	enail itemized delow =		* • <u> </u>	.07	\$	_το	
					20.74% Agreed 9				\$		
14.\$ 1665.82	Amount Financed (S	Sum of lines 1 thru	13) A.S		90.00 Prepaid Fi		Charge ge Charge (Points)		\$		
	FINANCE CH			NON NON	Dropoid Ci	nance	Charge (Folias)		\$		
	% ANNUAL F	PERCENTAC	C DATE	NON			E CHARGE Broke	er Fee	\$		
17.\$ 2172.13	Total of Payments		_		(Paid to			.)	\$		
			E.		416.31 Interest				\$		
			18.\$		755.82 Principal A				\$55.84	YOU	
PARTIES:					ed this Note and S e entire obligation						
TO PAY:	on the unpaid is scheduled inter schedule, and	balances at the rest is to be regreater if you	e Agreed Ra epaid in mont make paym	te of thly in ents	narge, Points, Brok Charge set forth. Installments. The later than schedu er or delay your ob	The Finar Iled.	total of the once Charge w You may pre	rigina ill be pay	al Principal Am less if you ma this loan in ful	ount of Loan ke payments	and such ahead of
TIME OF REPAYMENT:					ment Due Date in the Final Paymen			lowin	g payments sh	all be due on	the same
INTEREST SURCHARGE:	full by any mea except that in s	ans within 90 such event, we	lays of the da can retain ar	ate of	of the Amount Fina f your loan, you w ount of no less tha made except as sta	ill rec n \$25	ceive a pro rai 5. After 90 da	ta ref ys, th	und or credit o	f the interest	surcharge
LATE CHARGE:	If any payment not more than :		10 days late,	you 1	will pay 5% of the	unpa	aid amount of	the p	ayment, but no	ot less than \$	10,00 and
REQUIRED INSURANCE: CREDIT INSURANCE:	than household obtain the requiyou provide us interests in you pay any claim insurance purcagreement. If and any other cancellation or obligation. The If you voluntar	d goods) and uired insurances with evidence ur collateral. I that you make chased by us, we purchase it charges we rexpiration of e costs of the irily request cr	name us as lo e from any age e of the requili- his insurance or any claim but only after asurance for to may impose the insurance nsurance may edit life or die	pent of red in that in the color in col	azards and risks of ayee. You agree or insurer of your of source coverage, but need not, prismade against your diding us with eviollateral, you will bonnection with the he costs of the inmore than the cost y insurance, you a under the note as	to machoice, we otect ou in idence e res surar t of in ackr	eintain such ir e, or you may may purchas your interests connection when the that you had ponsible for the cement of the nee may be assurance you nowledge discontant with the context of the neement of	users, use e instant of the content	nce for the tern any existing a urance at your e coverage the e collateral. You betained insurance, until the to your total on able to obtained on the terms and the terms are the terms and the terms are the terms and the terms are the terms	n of the loan. colicy you ow expense to pat we purchas but may later of nce as requirence, includitione effective of outstanding lint on your ow	You may in. Unless protect our se may not cancel any red by our ing interest tate of the balance or in.
	You understan extension of cr obtain credit in separately sign insurance is in-	nd that credit i redit, and that nsurance throu ned Federal I ncluded within	nsurance is n you may obta gh Lender, th Disclosure Sta he Amount Fi	iot re in su nen (a atem inanc	equired in connect ch insurance, if yo a) your choice to ent, a copy of whe ed and is shown contant information	ion w ou wa obtair nich I on the	vith this loan a ant it, from any in such credit has been giv e Itemization o	and working personal	on you choose ance through L you and (b)	 If you have ender is indi- the cost of s 	chosen to
BY SIGNING ARBITRATIO DISPUTES E BOTH YOU DECIDED BY	BELOW, YOU HA IN PROVISIONS BETWEEN YOU AND LENDER WI	AVE READ, UN THAT PROVID IND LENDER B ILL HAVE WAI OR AND THE DE	DERSTAND AI E, AMONG O' E SUBMITTED /ED YOUR AN CISION OF TH	THEF TO I TO LE	GREE TO THE TERI THINGS, THAT E BINDING ARBITRA' ENDER'S RIGHT TO RBITRATOR WILL E	MS AI THE TION.	ND CONDITION R YOU OR LI IF YOU OR LI RIAL BY A JU	ENDE ENDE IRY C	R MAY REQUIRE LECTS TO DR JUDGE, THE	RE THAT CE USE ARBITRA E DISPUTE WI	RTAIN ATION, LL BE
COPY \	∕ou acknowledo	e receipt of a	→ completely fill	led in	copy of this Agre	eme	nt and the Fe	derai	Disclosure Sta	atement on a	separate

RECEIVED: CAUTION: HAT YOU THOROUGHLY READ THE CONTRACT BEFORE YOU SIGN IT. Signature of Other Borrower

Date

You have received a copy of this Federal Disclosure Statement.

See the contract documents for any additional information about non-payment, default, any required repayment in full before the scheduled

date, and prepayment refunds and penalties if any.

INSURANCE DISCLOSURE SUMMARY

AMERICAN GENERAL

Borrower Name:			
JOE T SMITH			
Borrower Address (Street, City, S	tate, Zip):PO BOX 402 UNION SF	PRINGS, AL 36089	
Branch Number: 1715	Loan Number: 7511142	Date: 11/23/01	

I WANT TO PURCHASE THE INSURANCE NOTED BELOW AND HAVE THE INSURANCE PREMIUM FINANCED AS PART OF MY LOAN. I FULLY UNDERSTAND THAT I DO NOT HAVE TO PURCHASE ANY OF THE FOLLOWING INSURANCE TO GET MY LOAN.

INSURANCE PRODUCT	INSURED(S)	PREMIUM
Credit Life	JOE T SMITH	\$ 29.65
· Credit Disability	JOE T SMITH	\$ 97.20
Credit Personal Property		\$ NONE
		\$
		\$
		\$
		\$
		\$
		\$
		\$

I understand that if I later decide that I do not want any or all of the insurance, I can cancel coverage by returning the certificate/policy to the office where the loan was made and request a refund of any unearned premium.

Please read your policy/certificate for applicable benefits, restrictions and limitations.

INSURANCE SALESPERSON:		
HETON	BORROWER:	Joe J. Smith
(Signature)		(Signature)
10015636	CO-BORROWER:	V
(License Number)	00 20,	(Signature)

Insurance Salesperson must sign in the presence of the Borrower and must personally explain the insurance coverage to the Borrower.

Policy Services - Insurance Operations American General Finance, Inc. 601 NW 2nd Street, P.O. Box 159 Evansville, IN 47701-0159

Telephone: 1-800-325-2147 Telefax: (800) 350-9306

r ^y ,	N	OTE AND SEC	URITY AGE	REEMENT		AMER	ican General	
ACCOUNT NUM	IBER TY	PE DATE FINAN	ICE CHARGE E	BEGINS TO ACCRUE			INANCE	
7511142 BORROWER(S)	NAME AND ADD		NT FROM DATE	E OF NOTE PAYEE (LENDER)				
			. 1	MERICAN GENEI		INC.		
JOE T SMI 25350 HWY			1	IWIN OAKS VILI IONTGOMERY, AI			7/13	
1	INGS, AL 3	6089	F	ionigoneri, Ai	. 30117-1394	(D)(
Date of Note	First Payment	Other Payments	Final Paymer		Amount of Balloon	Amount of Monthly	Total Number	Term of
	Due Date	Due on Same Date of Each	Due Date	Payment	Payment	Payment	of Payments	Loan in Months
06/28/01	08/05/01	Month.	01/05/03			\$ 75.00	18	18
1.\$NONE	Premium to Life Ins	ITEMIZA urance Co. (Joint Cov		MOUNT FINANCI Appraiser for Appraisal I		PAID TO		
	Premium to Life inst Premium to Disabilit	urance Co. (Single Co		Title Exam Fee/Title Inst Taxes Paid to Gov't. Age		PAID TO		
4.\$ NONE	Premium to Propert	y Insurance Co.\$ NO	NE 10.	Abstract Fee	\$NONE	PAID TO		
5.\$ NONE 6.\$ 16.80	Paid to Public Officia	als for Certificate of 1		Attorney Fee Paid on Prior Account w	\$NONE th Lender \$NONE	PAID TO		
	and Releasing Fees	,	13.	Amount Paid to you or o behalf itemized below =		.20 s	то	
				23.00% Agreed	Rate of Charge	\$ \$		
			A.\$	60 00 Prepaid F	nance Charge	s		
	FINANCE CH	Sum of lines 1 thru 13)	J. 4110		rcharge nance Charge (Points) nance Charge	\$		
		PERCENTAGE	RATE C.SNO	ME (Mortgage	Recording Tax) NANCE CHARGE Broke	\$\$		
17.\$ <u>1355.06</u>	Total of Payments			(Paid to	OI PRINCE DION	\$		
			E.\$	222.37 Interest		\$		
				1132.69 Principal A		\$ <u>987.20</u>	YOU	
PARTIES:	more than one mean Lender.	each and all of the Borrower, each	nose who sigr is liable for t	ned this Note and the entire obligation	Security Agreemen joint and severa")	it ("Agreement") as il liability"). The wo	a Borrower. ord "we", "us"	If there i
PROMISE TO PAY:	Finance Charg on the unpaid scheduled inte schedule, and	es which include balances at the rest is to be repa greater if you m	s Interest Sur Agreed Rate of aid in monthly ake payment	ncipal Amount of Le charge, Points, Brol of Charge set forth. installments. The s later than schedu efer or delay your of	ters Fee and Morto The total of the o Finance Charge w lled. You may pre	gage Recording Ta riginal Principal An ill be less if you m epay this loan in fu	x) together with the count of Loan ake payments all or in part at	ith interest and suc ahead o
TIME OF REPAYMENT:	The first payme	ent shall be due	on the First Pa	ayment Due Date in ng the Final Paymer	dicated and the fol	•		the sam
INTEREST SURCHARGE:	An interest sur full by any mea except that in s	charge of 6% of 1 ans within 90 day such event, we ca	he first \$2,000 /s of the date an retain an ar	O of the Amount Fin. of your loan, you we mount of no less that made except as st	anced may be char ill receive a pro rai n \$25. After 90 da	ta refund or credit or sys, the interest sur	of the interest	surcharg
LATE CHARGE:		t is more than, 10	-	u will pay 5% of the	•		ot less than \$	10.00 an
REQUIRED INSURANCE:	than household obtain the requirements in you pay any claim insurance pure agreement. If and any other cancellation or	d goods) and nar uired insurance fits with evidence of ur collateral. This collateral or chased by us, bu we purchase insur- charges we man r expiration of th	me us as loss from any agen of the required insurance many claim that only after purance for the ay impose in e insurance.	hazards and riske of payee. You agree to rinsurer of your insurance coverage ay, but need not, providing us with every collateral, you will be connection with the ring a more than the costs of the insurance in the costs.	to maintain such in choice, or you may a, we may purchas otect your interests out in connection with the properties of the placement of the surance may be a	nsurance for the ter y use any existing he insurance at you s. The coverage the ith the collateral. Y have obtained insura- ne costs of that insurance, until the added to your total	m of the loan. policy you ow rexpense to pat we purchas ou may later cance as required including effective doubtstanding.	You may m. Unless protect outliness se may no cancel an red by outling interest late of the calance of
CREDIT INSURANCE:	If you voluntal authorize us to	rily request cred include it in the l	t life or disab palance payab	e more than the cos vility insurance, you ble under the note a required in connect	acknowledge disc nd security agreem	closure of the cost ent.	of such insu	rance an
	extension of crobtain credit in separately sig insurance is in	redit, and that you surance through ned Federal Dis cluded within the	u may obtain s Lender, then closure State Amount Finar	such insurance, if you (a) your choice to ment, a copy of whoced and is shown of	ou want it, from any obtain such credit nich has been given on the Itemization o	person you choose insurance through en to you and (b)	e. If you have Lender is indi- the cost of s	chosen t cated on
BY SIGNING ARBITRATIO DISPUTES B BOTH YOU DECIDED BY	BELOW, YOU HA N PROVISIONS ETWEEN YOU A AND LENDER WI AN ARBITRATO	AVE READ, UNDE THAT PROVIDE, ND LENDER BE S ILL HAVE WALVE!	RSTAND AND A AMONG OTHI SUBMITTED TO YOUR AND I SION OF THE A	nportant information AGREE TO THE TER ER THINGS, THAT I) BINDING ARBITRA LENDER'S RIGHT TO ARBITRATOR WILL I	MS AND CONDITION EITHER YOU OR LI TION. IF YOU OR LI O A TRIAL BY A JU	ender may requ ender elects to iry or judge, th	IRE THAT CE USE ARBITRA E DISPUTE WI	RTAIN ATION, LL BE
				in copy of this Agre	eement and the Fe	deral Disclosure S	atement on a	separate
	heet. FIS IMPORTANT	THAT YOU THOR	OUGHLY REAL	THE CONTRACT B	EFORE YOU SIGN IT	r.		
Witness	LTO?	<		بهالا		mith		

Page 1 of 3

Signature of Other Borrower

								Аме	RICAN Generai	
7511142	MBER		FEI	DERAL DIS	CLOSU	JRE STAT	EMENT	li	FINANCE	•
	NAME AND ADD	RESS		· · ·	LICENSE	D OFFICE: (I ENDED)	 		
			-	I.		•	RAL FINANCE,	INC.		
JOE T SMIT 25350 HWY						AKS VILI				
	INGS, AL 36	089			1UNTGU		. 36117-1594			
Date of Loan	First Payment Due Date	Other P Due on Date of		Final Paymen Due Date		unt of First yment	Amount of Balloon Payment	Amount of Monthly Payment	Total Number of Payments	Term of Loan in Months
06/28/01	08/05/01	Month		01/05/03	. \$	80.06	\$ NONE	\$ 75.00	18	18
	RCENTAGE F			CE CHARG	3E	1	IT FINANCED	TOTAL OF F		
The cost of your	credit as a yearly	rate		ar amount the Il cost you			int of credit provided on your behalf	The amount you have made all p	u will have paid payments as scl	after you neduled
	30.32	%	\$	282.37		\$	1072.69	\$ 1355	•	
LATE CHARGE	E: If any payme	nt is more	than 10	days late, yo	u will pa	av 5% of the	unpaid amount o	f the payment, i	out not less that	an \$10.0
and not more th PREPAYMENT	nan \$100.00. : If you pay off	early, you	will not h					, [] , .		• • • • • • • • • • • • • • • • • • • •
	ou are giving a s	-		F-3						
	ds or property b			-	Motor V					
X Other	1 38" S	ONY TV,	, 1 25"	RCA TV,	1 SON	NY VCR				
You are	giving a security	/ interest	in your Re	eal Estate loc	ated at					
☐ The pre	vious Mortgage/	Deed of T	rust is be	ing retained a	as secur	rity on your l	loan.			
ASSUMPTION:	Someone buyir	ng your h	ouse may	not assume	the rema	ainder of the	Mortgage on the	original terms.		
INSURANCE: (Credit life and/o	r credit d	isability in	surance are	not req	uired to obt	tain a loan and wi	Il not be provide	ed unless you	sign an
agree to pay th	e additional cos	t. You u	nderstand	i that we and	l/or our i	insurance a	ffiliates anticipate a period applies, the	a benefit and/or	a profit from t	he sale d
	day rescission		Ju 361601		. H a	1 16301331011	period applies, in	ere is no credit	ine insulance	Coverag
Туре				Premiu	m	Signature(s)				
	creasing Cr e Credit Di				I e	want si redit di	ngle decreas	ing credit urance.	life and	single
ı					۱.	Signature(s):_	: De . 1.	_Smith		
				1	١٠	ngnaune(s)			Cont Manager	
				. 69	1	ngriature(s)	/		First Named	
Vou harabu	contifue that we				3.69				First Named	
You hereby	certify that yo	ou are e	mployed		3.69		. spoe . I,	Smith	Second Named	Borrower
	CRI	DIT LIF	E AND/O	at least 30	hours	per week	· 100 I	Saill ON OPTION	Second Named Insured-Single	Borrower Disability
CREDIT LIFE A	CRI AND/OR DISABI	DIT LIF	E AND/O	OR DISABILION: If you	hours	per week SURANCE do so, you	may, without pena	ON OPTION lty or obligation,	Second Named Insured-Single within 30 day	Borrower Disability s from the
CREDIT LIFE A Date of Loan s certificate recei	CRI AND/OR DISABI set forth above, ived in connecti	DIT LIF LITY CAI cancel th on with the	E AND/C NCELLAT e credit lit nis loan to	OR DISABILION: If you of and/or discount of the office w	hours LITY IN desire to ability in where the	SURANCE do so, you surance con the loan was	may, without pena verage by returnin made. Upon can	ON OPTION Ity or obligation, g the credit life occilation, a full	Insured-Single within 30 day and disability rebate of the	Disability s from the insurance insurance
CREDIT LIFE A Date of Loan s certificate recei premiums paid	CRI AND/OR DISABlet forth above, ived in connection for this coverage	DIT LIF LITY CAI cancel th on with the	E AND/C NCELLAT e credit lit nis loan to	OR DISABILION: If you of and/or discount of the office w	hours LITY IN desire to ability in where the	SURANCE do so, you surance con the loan was	may, without pena verage by returnin	ON OPTION Ity or obligation, g the credit life occilation, a full	Insured-Single within 30 day and disability rebate of the	Disability s from the insurance insurance
CREDIT LIFE A Date of Loan s certificate recei premiums paid of the uneamed	CRI AND/OR DISABle set forth above, ived in connecti for this coverag d premium.	EDIT LIF LITY CAI cancel th on with the e will be	E AND/ONCELLATE credit life is loan to made. Your PERSON	DR DISABILION: If you of the office wou may also of the DROPE	D hours LITY IN desire to ability in where the cancel si	SURANCE SURANCE do so, you surance come loan was uch policy a	may, without pena verage by returnin made. Upon can after 30 days, howe E DISCLOSURE	DN OPTION lty or obligation, g the credit life icellation, a full ever, you will only	Insured-Single within 30 day and disability rebate of the ty be entitled to	Disability s from th insuranc insuranc o a refun
CREDIT LIFE A Date of Loan s certificate recei premiums paid of the uneamed	CRE AND/OR DISABle set forth above, ived in connecti for this coverag d premium. ed to maintain pi	EDIT LIF LITY CAI cancel th on with the e will be a	E AND/ONCELLATE credit life is loan to made. Your PERSON surance of	DR DISABII ION: If you of ite and/or disa to the office wo un may also of AL PROPE in personal p	J. 69 Chours LITY IN desire to ability in where the cancel si ERTY IN roperty	SURANCE do so, you surance co- le loan was uch policy a SURANCE securing this	may, without pena verage by returnin made. Upon can after 30 days, howe E DISCLOSURE s loan other than h	DN OPTION lty or obligation, g the credit life icellation, a full ever, you will only	Insured-Single within 30 day and disability rebate of the ty be entitled to	Disability s from th insuranc insuranc o a refun
CREDIT LIFE A Date of Loan s certificate recei premiums paid of the uneamed You are require insurance from	CRE AND/OR DISABle set forth above, ived in connecti for this coverag d premium. ed to maintain pr anyone you war	EDIT LIF LITY CAI cancel th on with the will be a coperty in-	E AND/O NCELLAT e credit lift nis loan to made. You PERSON surance o vide it thro	DR DISABII ION: If you of ite and/or disa to the office wo us may also of AL PROPE in personal p ugh an existi	D hours LITY IN desire to ability in where the cancel si ERTY IN roperty sing policy	SURANCE do so, you surance con le loan was uch policy a SURANCe securing this y with loss p	may, without pena verage by returnin made. Upon can after 30 days, howe E DISCLOSURE s loan other than h	ON OPTION Ity or obligation, g the credit life icellation, a full ever, you will on	Insured-Single within 30 day and disability rebate of the ty be entitled to	Disability s from the insurance insurance o a refundation
CREDIT LIFE A Date of Loan s certificate recei premiums paid of the uneamed You are require insurance from You are not rec you may obtain	CRI AND/OR DISABlet forth above, fived in connecti for this coveraged premium. The distribution of the coveraged premium anyone you want quired to purchant the insurance	EDIT LIF LITY CAI cancel the on with the e will be a reperty ina	E AND/C NCELLAT e credit lift nis loan to made. You PERSON surance of vide it through try insurance one your	DR DISABILION: If you de and/or distort the office wou may also de AL PROPE ugh an existince on your want. You si	D hours LITY IN desire to ability in where the cancel si RTY IN roperty ing polic househo	SURANCE do so, you surance con the loan was uch policy a securing this y with loss policy goods to posider any	may, without pena verage by returning made. Upon can offer 30 days, howe to be be be because the beautiful person to be because the beautiful penal by the beaut	ON OPTION Ity or obligation, g the credit life acellation, a full ever, you will only tousehold goods If you choose to other insurance	Insured-Single within 30 day and disability rebate of the by be entitled to be a You may of to have such it which you may	Disability s from the insurance of a refunction successive and the insurance of a refunction successive and the insurance of a refunction successive and the insurance of the in
CREDIT LIFE A Date of Loan s certificate recei premiums paid of the uneamed You are require insurance from You are not rec you may obtain have when dec	CRI AND/OR DISABlet forth above, ived in connecti for this coveraged premium. The distribution of the coveraged premium anyone you wanted to purchase the insurance ciding to purchase.	EDIT LIF LITY CAI cancel th on with the e will be a roperty in- roperty in- t, or prov- se prope from any se insurar	E AND/ONCELLAT e credit lift inis loan to made. You PERSON surance of ride it thro rty insuran one you in nce with the	DR DISABILION: If you do the office wou may also do the DROPE in personal pugh an existince on your want. You si his loan. If you so the property want.	D hours LITY IN desire to ability in where the cancel si ERTY IN roperty ing polici household co ou purch	SURANCE do so, you surance con the loan was uch policy a securing this y with loss policy goods to consider any thase proper	may, without pena verage by returnin made. Upon can after 30 days, howe E DISCLOSURE is loan other than ho payable to us.	ON OPTION Ity or obligation, g the credit life icellation, a full ever, you will only iousehold good: If you choose is other insurance gh us which con	Insured-Single within 30 day and disability rebate of the by be entitled to be entitled to have such it which you may overs the collate.	Disability s from th insurance insurance o a refun otain sucl msurance ay alread eral which
CREDIT LIFE A Date of Loan s certificate recei premiums paid of the uneamed You are require insurance from You are not rec you may obtain have when dec secures your le refund of the pi	CRE AND/OR DISABle est forth above, ived in connectifor this coverage d premium. ed to maintain pri anyone you war anyone you war on the insurance ciding to purchas can other than a	EDIT LIF LITY CAI cancel th on with the e will be a coperty in- nt, or provise prope from any se insuran a motor vi on of the	E AND/C NCELLAT e credit lift nis loan to made. You PERSON surance o vide it thro try insuran one you noce with the chicle, you	DR DISABILION: If you of the office wou may also of the office wou may also of the office would be the office of the office would be the office of the office would be the office would be the office of the office would be the office of the offic	D hours LITY IN desire to ability in where th cancel si RTY IN roperty ing policy househo hould co ou purch of days ed by the	SURANCE do so, you surance cone loan was uch policy a SURANC securing this y with loss pold goods to pold goods to phase proper from the da e insurer if o	may, without pena verage by returning made. Upon can after 30 days, howe E DISCLOSURE is loan other than howayable to us. In the secure this loan, homeowner's or controlled the of purchase to cancellation occurs	ON OPTION Ity or obligation, g the credit life cellation, a full ever, you will only cousehold goods If you choose to other insurance gh us which con cancel the insu	Insured-Single within 30 day and disability rebate of the by be entitled to s. You may of to have such i which you may vers the collate rance and rec	Disability s from the insurance o a refun- otain sucl osurance y alread- eral whicl eive a fu
CREDIT LIFE A Date of Loan's certificate recei premiums paid of the uneamed You are require insurance from You are not rec you may obtain have when dec secures your lo refund of the pr loan. To cance If you obtain pr for a term of 0	AND/OR DISABle set forth above, ived in connection for this coveraged premium. The definition of the coveraged premium anyone you wan quired to purche the insurance stelling to purches connother than a termium. A portical you must return property insurance months and	EDIT LIF LITY CAI cancel th on with th e will be a roperty into the property from any see insuran a motor v on of the n your po e from or you will p	E AND/C NCELLAT e credit lift is loan to made. You PERSON surance o vide it thro try insuran one you to nece with the ehicle, yo poremium to licy/certific through u ay \$NON!	DR DISABILION: If you do the office wou may also do the office wou may also do the office wou may also do the office would be the office would be the office would be the office would be retained at the or make is which covered to the office which covered	D hours LITY IN desire to ability in where the cancel si ERTY IN respectly sing policy household oc ou purch to days and by the a written are the cores the	SURANCE do so, you surance con le loan was uch policy a securing this y with loss p lold goods to consider any hase proper from the da le insurer if o n request to collateral wh	may, without pena verage by returning made. Upon can after 30 days, howe E DISCLOSURE is loan other than howayable to us. In the secure this loan, homeowner's or controlled the of purchase to cancellation occurs	DN OPTION Ity or obligation, g the credit life idelation, a full ever, you will only the control of the control	Insured-Single within 30 day and disability rebate of the ty be entitled to the have such it which you may vers the collate rance and receives from the collate a motor vehicle	Disability s from the insurance o a refundation otain such assurance any alread eral which erive a ful tate of the a, it will be
CREDIT LIFE A Date of Loan s certificate recei premiums paid of the uneamed You are require insurance from you are not rec you may obtain have when dec secures your lo refund of the pr loan. To cance If you obtain pr for a term of 0 and/or a profit f	CREAND/OR DISABle to forth above, ived in connectifor this coveraged premium. The determinance of the insurance of the insurance ciding to purchase of the insurance of the ins	EDIT LIF LITY CAI cancel th on with th e will be a roperty into the property from any see insuran a motor v on of the n your po e from or you will p	E AND/C NCELLAT e credit lift is loan to made. You PERSON surance o vide it thro try insuran one you to nece with the ehicle, yo poremium to licy/certific through u ay \$NON!	DR DISABILION: If you do the office wou may also do the office wou may also do the office wou may also do the office would be the office would be the office would be the office would be retained at the or make is which covered to the office which covered	D hours LITY IN desire to ability in where the cancel si ERTY IN respectly sing policy household oc ou purch to days and by the a written are the cores the	SURANCE do so, you surance con the loan was uch policy a securing this y with loss pold goods to consider any hase proper from the date insurer if on request to collateral who and extended the condition of the collateral who and extended the collateral who are collateral	may, without pena verage by returning made. Upon can after 30 days, howe E DISCLOSURE is loan other than howayable to us. It is secure this loan, homeowner's or control to the or purchase to the cancellation occurs this office.	DN OPTION Ity or obligation, g the credit life idelation, a full ever, you will only the control of the control	Insured-Single within 30 day and disability rebate of the ty be entitled to the have such it which you may vers the collate rance and receives from the collate a motor vehicle	Disability s from the insurance o a refundation otain such assurance any alread eral which erive a ful tate of the a, it will be
CREDIT LIFE A Date of Loan s certificate recei premiums paid of the uneamed You are require insurance from You are not rec you may obtain have when dec secures your lo refund of the pr loan. To cance If you obtain pr for a term of 0 and/or a profit f	CREAND/OR DISABle to forth above, ived in connectifor this coveraged premium. The determinance of the insurance of the insurance ciding to purchase of the insurance of the ins	EDIT LIF LITY CAI cancel th on with th e will be a roperty into the property from any see insuran a motor v on of the n your po e from or you will p	E AND/C NCELLAT e credit lift is loan to made. You PERSON surance o vide it thro try insuran one you to nece with the ehicle, yo poremium to licy/certific through u ay \$NON!	DR DISABILION: If you do the office wou may also do the office wou may also do the office wou may also do the office would be the office would be the office would be the office would be retained at the or make is which covered to the office which covered	D hours LITY IN desire to ability in where the cancel si ERTY IN respectly sing policy household oc ou purch to days and by the a written are the cores the	SURANCE do so, you surance con the loan was uch policy a securing this y with loss pold goods to consider any hase proper from the date insurer if on request to collateral who and extended the condition of the collateral who and extended the collateral who are collateral	may, without pena verage by returning made. Upon can after 30 days, however the board of the control of the con	DN OPTION Ity or obligation, g the credit life idelation, a full ever, you will only the control of the control	Insured-Single within 30 day and disability rebate of the ty be entitled to s. You may old to have such it which you may vers the collate rance and rece any from the collate a motor vehicle dates anticipate	Disability s from the insurance o a refundation otain such assurance any alread eral which erive a ful tate of the a, it will be
CREDIT LIFE A Date of Loan's certificate recei premiums paid of the uneamed You are require insurance from You are not rec you may obtain have when dec secures your lo refund of the pr loan. To cance If you obtain pr for a term of 0	CREAND/OR DISABle to forth above, ived in connectifor this coveraged premium. The determinance of the insurance of the insurance ciding to purchase of the insurance of the ins	EDIT LIF LITY CAI cancel th on with th e will be a roperty into the property from any see insuran a motor v on of the n your po e from or you will p	E AND/C NCELLAT e credit lift is loan to made. You PERSON surance o vide it thro try insuran one you to nece with the ehicle, yo poremium to licy/certific through u ay \$NON!	DR DISABILION: If you do the office wou may also do the office wou may also do the office wou may also do the office would be the office would be the office would be the office would be retained at the or make is which covered to the office which covered	D hours LITY IN desire to ability in where the cancel si ERTY IN respectly sing policy household oc ou purch to days and by the a written are the cores the	SURANCE do so, you surance con the loan was uch policy a securing this y with loss pold goods to consider any hase proper from the date insurer if on request to collateral who and extended the condition of the collateral who and extended the collateral who are collateral	may, without pena verage by returning made. Upon can after 30 days, however the board of the control of the con	DN OPTION Ity or obligation, g the credit life idelation, a full ever, you will only the control of the control	Insured-Single within 30 day and disability rebate of the ty be entitled to s. You may of to have such i which you may vers the collate rance and rece ays from the collate a motor vehicle iates anticipate	Disability s from the insurance o a refundation otain such otain s

MGBY.4976.0051

You have received a copy of this Federal Disclosure Statement.

Second Named Borrower (if Applicable)